	Application of Docket Number												
_	PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09/965579												
CLAIMS AS FILED - PART I SMALL ENTITY											OTHE	R THAN	1
F	OTAL CLAIMS		(Column 1) (Col			umn 2)	T.	TYPE !		OF		ENTITY	
ARRESTANTON OF STREET STREET OF STREET			44					RATE	FEE		RATE	FEE	1
FOR			NUMBER FILED NU			BER EXTRA		BASIC FE	E 355.00	OF	BASIC FEI	710.00	1
TOTAL CHARGEABLE CLAIMS			44 mi	nus 20=	•	24	<b>.</b>	X\$ 9=		ОЯ		,	1 , ,
INDEPENDENT CLAIMS			· 4 m	inus 3 =	•		•	X40=		7	\	4-320	ΟÙ
MULTIPLE DEPENDENT CLAIM P			RESENT					A40=	100	_	. X80=	80.	00
+135= +135= OR +270=													
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL 122												1223	00
CLAIMS AS AMENDED - PART II OTHER THAI											7		
333	SER NO ON	(Column 1)		(Coluir High		(Column 3)	1 1	SMALL	ENTITY	OR	SMALL	ENTITY	
Y		REMAINING		NUM PREVIO	BER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
9	erenstraten	AMENDMENT	() () () () () () () () () () () () () () () (	PAID		11.50	3. iz	·	FEE			FEE	
AMENDA	Total .	12 7 Q	Minus	4	14	= /.		X\$ 9=		OR	X\$18=		
	Independent	4	Minus	***	4	= /		X40=	#	OR	X80=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		l þ					<b></b>	
								+135=		OR	+270=		
							A	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
_		(Column 1) CLAIMS		(Colum		(Column 3)						·	
AMENDMENT B		REMAINING AFTER		NUME	BER	PRESENT		RATE	ADDI- TIONAL		Date	ADDI-	
	· · · · · · · · · · · · · · · · · · ·	AMENDMENT		PAID		EXTRA		MATE	FEE		RATE	TIONAL FEE	
	Total	•	Minus	4	14	=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***	4	=		X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700=		
							L	+135=		OR	+270=	1	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	La de la companyación	(Column 1)	1772 to the series == ==	(Colum		(Column 3)	1		•				
AMENDMENT C		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT			ADDI-			ADDI-	;
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL   FEE		RATE	TIONAL	
	Total	•	Minus	••		=		XS 9=	1 2 2	25	XS18=	FEE	
	independent	•	Minus	***	·	=	┢			OR			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								+135=		OR	+270=		
								TOTAL ODIT, FEE		OR	TOTAL		
	ir ine Highest Nur The Highest Num	mber Previously Pa ber Previously Pai	aid For" IN THI d For" (Total or	S SPACE is Independe	less tha nt) is the	n 3, enter "3." highest numbe		_	ropriate bo	,	NDDIT. FEE		
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ORN	PTO-875			-			Pater	and Trader	ark Office 11	e neo	ADTMENT OF	COMMERCE	